

EDITORIAL NOTE: Section II asks for a detailed history of SUBJECT's relatives on his/her father's side. It is to be filled out by SUBJECT's father if possible.

**SECTION II. FATHER'S MODULE**

SUBJECT ID: F-|\_|\_|\_|\_|

IF FATHER IS NOT AVAILABLE, ASK RESPONDENT.

Alt. F1. Is (NAME)'s father still living?

YES..... 1 (F1)  
NO ..... 2

Alt. F2. What was his year of death? How old was he?

|\_|\_|\_|  
YEAR

|\_|  
AGE

Alt F3. What was his cause of death? SHOW CARD L ON PAGE F18.

|\_|\_| \_\_\_\_\_

GO TO F1

Now I have some questions about (NAME)'s parents. Let's start with you.

F1. What was your date of birth?

|\_|\_| |\_|\_| 19|\_|\_|  
MONTH DAY YEAR

F2. Are you related by blood to (NAME)'s mother?

YES..... 1  
NO ..... 2

IF YES, SPECIFY \_\_\_\_\_

F3. In what country were you born? \_\_\_\_\_

F4. Were you born with any abnormal conditions or birth defects listed there?

YES..... 1  
NO ..... 2 (F6)  
DON'T KNOW ..... 9 (F6)

F5. IF YES, SPECIFY UP TO 3.

|\_|\_| \_\_\_\_\_  
|\_|\_| \_\_\_\_\_  
|\_|\_| \_\_\_\_\_

F6. Did you ever have cancer?

YES..... 1  
NO ..... 2 (F9)  
DON'T KNOW ..... 9 (F9)

F7. What kind of cancer was it? SHOW CARD J ON PAGE F18. 1. |\_|\_| \_\_\_\_\_  
2. |\_|\_| \_\_\_\_\_

F8. At what age was the (first/next) cancer diagnosed?

First Cancer 1. |\_|\_|  
AGE IN YRS  
Second Cancer 2. |\_|\_|  
AGE IN YRS

F9. Did you ever have a benign tumor? SHOW CARD K ON PAGE F18.

YES..... 1  
NO ..... 2 (F13)  
DON'T KNOW ..... 9 (F13)

F10. SHOW CARD K ON PAGE F18. Please tell me what kind it was.

|\_|\_| \_\_\_\_\_

F11. How old were you when it was diagnosed?

|\_|\_|  
AGE IN YRS

F12. How was the benign tumor treated? Was it treated by surgery or by observation only?

Observation ..... 1  
Surgery..... 2

F13. What is your main occupation? \_\_\_\_\_

F14. How many years of school did you complete?

□□□

F15. Are you adopted?

YES..... 1  
NO ..... 2 (F15b)

F15a. Do you know the family history of your biological parents or siblings?

YES..... 1  
NO ..... 2 (ASK QUESTION F15b  
AND END THE  
INTERVIEW

F15b. Have you fathered children by a woman other than (NAME)'s mother?

YES..... 1  
NO ..... 2

INTERVIEWER CHECK: REVIEW SIBLING INFORMATION ON PAGE S3. BE  
SURE THIS CHILD HAS BEEN RECORDED. IF NOT, ADD TO SIBLING  
INFORMATION ON PAGE S3.

# **PATERNAL GRANDPARENTS OF (NAME)**

I am now going to ask you about (NAME)'s grandparents. We'll start with your father.

		FATHER'S	
		A: FATHER	B: MOTHER
		_____	_____
F16.	What was your father's/mother's year of birth?	_ _ _ _  YEAR	_ _ _ _  YEAR
F17.	Is (RELATIVE) related by blood to his/her spouse/partner?  YES ..... NO ..... DON'T KNOW ..... IF RELATED, SPECIFY HOW	.....1 .....2 .....9 _____ _____	.....1 .....2 .....9 _____ _____
F18.	What is (RELATIVE)'s race? SHOW CARD A  WHITE, NOT OF HISPANIC ORIGIN..... BLACK, NOT OF HISPANIC ORIGIN..... ASIAN OR PACIFIC ISLANDER ..... AMERICAN INDIAN OR ALASKAN NATIVE ..... HISPANIC .....	.....01 .....02 .....03 .....04 .....05	.....01 .....02 .....03 .....04 .....05
F19.	In what country was (RELATIVE) born? IF USA, ASK: What country did his/her people come from before they came to the US?	_____	_____
F20.	Was (RELATIVE) born with any birth defects or other abnormal conditions?  YES ..... NO ..... DON'T KNOW .....	.....1 .....2 (F22) .....9 (F22)	.....1 .....2 (F22) .....9 (F22)
F21.	IF YES, SPECIFY UP TO 3.	_ _  _____  _ _  _____  _ _  _____	_ _  _____  _ _  _____  _ _  _____
F22.	Did (RELATIVE) ever have cancer?  YES ..... NO ..... DON'T KNOW .....	.....1 .....2 (F25) .....9 (F25)	.....1 .....2 (F25) .....9 (F25)

		FATHER'S	
		A: FATHER	B: MOTHER
		_____	_____
F23.	If yes, what type of cancer was it? SHOW CARD J ON PAGE F18.	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div> <div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> </div>
F24.	At what age was (RELATIVE) diagnosed with cancer for the first time? CODE AGE OR 99 = DON'T KNOW.	<div> <div> <div></div> <div></div> <div></div> </div> <div>YRS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>YRS</div> </div>
F25.	Did (RELATIVE) ever have a benign tumor? SHOW CARD K ON PAGE F18.		
	YES.....	..... 1	..... 1
	NO .....	..... 2 (F29)	..... 2 (F29)
	DON'T KNOW .....	..... 9 (F29)	..... 9 (F29)
F26.	SHOW CARD K ON PAGE F18. Please tell me what kind it was.	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>
F27.	How old was (RELATIVE) in years when it was diagnosed?	<div> <div> <div></div> <div></div> <div></div> </div> <div>AGE IN YRS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>AGE IN YRS</div> </div>
F28.	How was the benign tumor treated? Was it treated by surgery or observation only?		
	Observation.....	..... 1	..... 1
	Surgery.....	..... 2	..... 2
F29.	Is he/she still living?		
	YES.....	..... 1 (F32)	..... 1 (F32)
	NO .....	..... 2	..... 2
	DON'T KNOW .....	..... 9 (F32)	..... 9 (F32)
F30.	What was his/her year of death and how old was he/she?	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>YEAR</div> </div> <div> <div> <div></div> <div></div> </div> <div>AGE</div> </div>	<div> <div> <div></div> <div></div> <div></div> <div></div> </div> <div>YEAR</div> </div> <div> <div> <div></div> <div></div> </div> <div>AGE</div> </div>
F31.	What was (RELATIVE)'s cause of death? SHOW CARD L ON PAGE F18.	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>_____</div> <div>_____</div> </div>
F32.	What is/was (RELATIVE)'s main occupation?	<div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div>
F33.	How many years of school did (RELATIVE) complete?	<div>_____</div>	<div>_____</div>

F34. Thinking about all the possible pregnancy outcomes, how many pregnancies did your mother have?

\_\_\_\_\_  
NUMBER

Did any of your mother's pregnancies end in:

Premature live birth? Yes..... 1 → How many? \_\_\_\_\_  
No ..... 2

Stillbirth at or after 28 weeks? Yes..... 1 → How many? \_\_\_\_\_  
No ..... 2

Miscarriage before 28 weeks? Yes..... 1 → How many? \_\_\_\_\_  
No ..... 2

F35. Were there any birth defects or other abnormal conditions associated with any of your mother's pregnancies?

Yes..... 1  
No ..... 2 (F37)

F36. Calling the first pregnancy number 1, the next number 2, etc., please tell me the pregnancy number and condition or defect.

PREGNANCY NUMBER	____	CONDITION	_____
PREGNANCY NUMBER	____	CONDITION	_____
PREGNANCY NUMBER	____	CONDITION	_____
PREGNANCY NUMBER	____	CONDITION	_____

F37. Was your father the father of this/ all these pregnancy(ies)?

Yes..... 1  
No ..... 2 (SPECIFY PREG[S]. NOT HIS)  
\_\_\_\_\_

F38. How many siblings does/did your mother have (include living and deceased)?

\_\_\_\_\_ (IF NONE, F52)  
NUMBER

F39. Do/did any of her siblings have any birth defects or other abnormal conditions?

Yes..... 1  
No ..... 2 (F41)

F40. Calling the oldest sibling number 1, the next number 2, etc., please tell me the sibling number, sex, and the condition or defect.

SIBLING NUMBER	_	M	F	CONDITION	_ _	_____
SIBLING NUMBER	_	M	F	CONDITION	_ _	_____
SIBLING NUMBER	_	M	F	CONDITION	_ _	_____
SIBLING NUMBER	_	M	F	CONDITION	_ _	_____

F41. Did any of your mother's siblings have cancer?

Yes..... 1  
No ..... 2 (F52)

F42. Which sibling? |\_|\_| Male or Female? M F  
NUMBER  
(BIRTH ORDER)

F43. What type of cancer? |\_|\_| \_\_\_\_\_  
SHOW CARD J ON PAGE F18.

F44. What year was it diagnosed? |\_|\_|\_|\_|  
YEAR

F44A. How old was he/she? |\_|\_|  
AGE

F45. Is the sibling still living?  
Yes..... 1  
No ..... 2

F46. Did any other of your mother's siblings have cancer?  
Yes..... 1  
No ..... 2 (F52)

F47. Which sibling? |\_|\_| Male or Female? M F  
NUMBER  
(BIRTH ORDER)

F48. What type of cancer? |\_|\_| \_\_\_\_\_  
SHOW CARD J ON PAGE F18.

F49. What year was it diagnosed?       
YEAR

F49a. How old was he/she?    
AGE

F50. Is the sibling still living?  
Yes..... 1  
No ..... 2

F52. How many siblings does/did your father have (include living and deceased)?

(IF NONE, F67)  
NUMBER

F53. Do/did any of his siblings have any birth defects or other abnormal conditions?

Yes..... 1  
No ..... 2 (F55)

F54. Calling the oldest sibling number 1, the next number 2, etc., please tell me the sibling number, sex, and the condition or defect.

SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	<input type="text"/>
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	<input type="text"/>
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	<input type="text"/>
SIBLING NUMBER	<input type="text"/>	M	F	CONDITION	<input type="text"/>	<input type="text"/>

F55. Did any of your father's siblings have cancer?

Yes..... 1  
No ..... 2 (F67)

F56. Which sibling?  Male or Female? M F  
NUMBER  
(BIRTH ORDER)

F57. What type of cancer?   
SHOW CARD J ON PAGE F18.

F58. What year was it diagnosed?       
YEAR

F58a. How old was he/she?    
AGE



F59. Is the sibling still living?

Yes..... 1  
No ..... 2

F60. Did any other of your father's siblings have cancer?

Yes..... 1  
No ..... 2 (F67)

F61. Which sibling?

Male or Female? M F  
NUMBER  
(BIRTH ORDER)

F62. What type of cancer?  
SHOW CARD J ON PAGE F18.

NUMBER

F63. What year was it diagnosed?

YEAR

F64. How old was he/she?

AGE

F65. Is the sibling still living?

Yes..... 1  
No ..... 2

## SIBLINGS OF THE SUBJECT'S FATHER

Now I'd like to ask about (NAME)'s aunts and uncles on the father's side (that is, your brothers and sisters). Please don't include siblings who were adopted into your family.

F67. How many biological siblings do/did you have?   (IF NONE, F132)  
#

F68. Where are you in the birth order, going from oldest to youngest?

	SIBLINGS			
Please tell me the first names of all your siblings, and name the siblings in birth order from oldest to youngest.	1st _____	2nd _____	3rd _____	4th _____
<b>F69. What is (SIBLING)'s relationship to you.</b> <b>SHOW CARD G</b>  Full sibling..... 1 Half sibling by mother..... 2 Half sibling by father..... 3 IF ADOPTED OUT OF FAMILY, HISTORY UNKNOWN, CODE 9..... 9 (GO TO NEXT SIBLING)				
<b>F70. What was his/her year of birth?</b>  <div style="display: flex; justify-content: space-between;"> <div>Male..... 1</div> <div>Female..... 2</div> </div>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
<b>F71. CONFIRM: That is a . . .</b>  Male..... 1 Female..... 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR
<b>F72. Did (SIBLING) have any birth defects or other abnormal conditions?</b>  Yes ..... 1 No..... 2 (F75) DON'T KNOW ..... 9 (F75)				
<b>F73. SPECIFY 1ST BIRTH DEFECT.</b>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
<b>F74. SPECIFY 2ND BIRTH DEFECT.</b>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
<b>F75. Did (SIBLING) ever have cancer?</b>  Yes ..... 1 No..... 2 (F78) DON'T KNOW ..... 9 (F78)				
<b>F76. If so, what type? SHOW CARD J ON PAGE F18.</b>	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____	<input type="text"/> <input type="text"/> _____
<b>F77. What year was it diagnosed?</b>  <b>F77a. How old was he/she?</b>	19 <input type="text"/> <input type="text"/> YEAR  <input type="text"/> <input type="text"/> AGE	19 <input type="text"/> <input type="text"/> YEAR  <input type="text"/> <input type="text"/> AGE	19 <input type="text"/> <input type="text"/> YEAR  <input type="text"/> <input type="text"/> AGE	19 <input type="text"/> <input type="text"/> YEAR  <input type="text"/> <input type="text"/> AGE

## In Person Interview

# **FIRST COUSINS ON FATHER'S SIDE**

Now I would like to ask some questions about the health of (NAME)'s first cousins on the father's side. First, please give me the first name of each of your siblings who parented a child, starting with the oldest. FILL IN SIBLING'S NAME ABOVE CHILD COLUMNS IN EACH 'FIRST COUSIN' BOX, STARTING WITH OLDEST. IF NONE, GO TO QUESTION F132.

Now going to your oldest sibling (NAME OF SIB1), please tell me the first name of each first cousin, that is every child born to (SIBLING 1). FILL IN NAME UNDER CHILD 1, 2, ETC. IN EACH COLUMN IN FIRST COUSIN BOX. GO TO NEXT PAGE FOR CHILDREN OF SIBLING 2.

Now we will start with (CHILD 1), the first child of (SIBLING NAME).

'FIRST COUSINS' -- CHILDREN OF (FATHER)'S SIBLINGS				
	SIBLING 1 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Please tell me the first names of each cousin – every child to (SIBLING 1)	_____	_____	_____	_____
F88. (CHILD), is that a boy or a girl?				
Male..... 1	..... 1	..... 1	..... 1	..... 1
Female..... 2	..... 2	..... 2	..... 2	..... 2
F89. And the year of birth?	_ _ _ _  YEAR	_ _ _ _  YEAR	_ _ _ _  YEAR	_ _ _ _  YEAR
F90. Did (COUSIN) have any birth defects or other abnormal conditions?				
Yes ..... 1	..... 1	..... 1	..... 1	..... 1
No ..... 2 (F93)	..... 2 (F93)	..... 2 (F93)	..... 2 (F93)	..... 2 (F93)
F91. SPECIFY 1ST BIRTH DEFECT.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
F92. SPECIFY 2ND BIRTH DEFECT.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
F93. Did (COUSIN) ever have cancer?				
Yes ..... 1	..... 1	..... 1	..... 1	..... 1
No ..... 2 (F96)	..... 2 (F96)	..... 2 (F96)	..... 2 (F96)	..... 2 (F96)
F94. What type of cancer? SHOW CARD J ON PAGE F18.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
F95. What year was it diagnosed and how old was he/she?	_ _ _ _  YEAR  _ _  AGE	_ _ _ _  YEAR  _ _  AGE	_ _ _ _  YEAR  _ _  AGE	_ _ _ _  YEAR  _ _  AGE
F96. Is (COUSIN) living?				
Yes .....1 (NEXT CHILD)	.....1 (NEXT CHILD)	.....1 (NEXT CHILD)	.....1 (NEXT CHILD)	.....1 (F99)
No .....2	.....2	.....2	.....2	.....2
F97. What was the cause of death? SHOW CARD L ON PAGE F18.	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____	_ _  _____ _____
F98. What was the year of death and how old was he/she?	_ _ _ _  YEAR  _ _  AGE	_ _ _ _  YEAR  _ _  AGE	_ _ _ _  YEAR  _ _  AGE	_ _ _ _  YEAR  _ _  AGE
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> GO TO NEXT CHILD OR F99 </div>				

'FIRST COUSINS' -- CHILDREN OF (FATHER)'S SIBLINGS				
	SIBLING 2 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
F99. Please tell me the first name of each cousin -- every child born to (SIBLING 2). (CHILD) Is that a boy or a girl?  Male..... Female.....	_____  ..... 1 ..... 2	_____  ..... 1 ..... 2	_____  ..... 1 ..... 2	_____  ..... 1 ..... 2
F100. And the year of birth?	_____ _____ _____ _____ _____  YEAR	_____ _____ _____ _____ _____  YEAR	_____ _____ _____ _____ _____  YEAR	_____ _____ _____ _____ _____  YEAR
F101. Did (COUSIN) have any birth defects or other abnormal conditions?  Yes ..... No.....	..... 1 ..... 2 (F104)	..... 1 ..... 2 (F104)	..... 1 ..... 2 (F104)	..... 1 ..... 2 (F104)
F102. SPECIFY 1ST BIRTH DEFECT.	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____
F103. SPECIFY 2ND BIRTH DEFECT.	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____
F104. Did (COUSIN) ever have cancer?  Yes ..... No.....	..... 1 ..... 2 (F107)	..... 1 ..... 2 (F107)	..... 1 ..... 2 (F107)	..... 1 ..... 2 (F107)
F105. What type of cancer? SHOW CARD J ON PAGE F18.	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____
F106. What year was it diagnosed and how old was she/he?	_____ _____ _____ _____ _____  YEAR _____ _____  AGE	_____ _____ _____ _____ _____  YEAR _____ _____  AGE	_____ _____ _____ _____ _____  YEAR _____ _____  AGE	_____ _____ _____ _____ _____  YEAR _____ _____  AGE
F107. Is (COUSIN) living?  Yes ..... No.....	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (F110) .....2
F108. What was the cause of death? SHOW CARD L ON PAGE F18.	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____	_____ _____ _____  _____
F109. What was the year of death and how old was he/she?  <div>GO TO NEXT CHILD OR F110</div>	_____ _____ _____ _____ _____  YEAR _____ _____  AGE	_____ _____ _____ _____ _____  YEAR _____ _____  AGE	_____ _____ _____ _____ _____  YEAR _____ _____  AGE	_____ _____ _____ _____ _____  YEAR _____ _____  AGE

'FIRST COUSINS' -- CHILDREN OF (FATHER)'S SIBLINGS				
	SIBLING 3 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
F110. Please tell me the first name of each cousin -- every child born to (SIBLING 3). (CHILD) Is that a boy or a girl?  Male..... Female.....	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2
F111. And the year of birth?	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
F112. Did (COUSIN) have any birth defects or other abnormal conditions?  Yes ..... No.....	..... 1 ..... 2 (F115)	..... 1 ..... 2 (F115)	..... 1 ..... 2 (F115)	..... 1 ..... 2 (F115)
F113. SPECIFY 1ST BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
F114. SPECIFY 2ND BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
F115. Did (COUSIN) ever have cancer?  Yes ..... No.....	..... 1 ..... 2 (F118)	..... 1 ..... 2 (F118)	..... 1 ..... 2 (F118)	..... 1 ..... 2 (F118)
F116. What type of cancer? SHOW CARD J ON PAGE F18.	_____ _____	_____ _____	_____ _____	_____ _____
F117. What year was it diagnosed and how old was she/he?	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE
F118. Is (COUSIN) living?  Yes ..... No.....	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (F121) .....2
F119. What was the cause of death? SHOW CARD L ON PAGE F18.	_____ _____	_____ _____	_____ _____	_____ _____
F120. What was the year of death and how old was he/she?  GO TO NEXT CHILD OR F121	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE

'FIRST COUSINS' -- CHILDREN OF (FATHER)'S SIBLINGS				
	SIBLING 4 _____			
	CHILD 1	CHILD 2	CHILD 3	CHILD 4
F121. Please tell me the first name of each cousin -- every child born to (SIBLING 4). (CHILD) Is that a boy or a girl?  Male..... Female.....	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2	..... 1 ..... 2
F122. And the year of birth? [CODE AS YYYY]	_____ YEAR	_____ YEAR	_____ YEAR	_____ YEAR
F123. Did (COUSIN) have any birth defects or other abnormal conditions?  Yes ..... No.....	..... 1 ..... 2 (F126)	..... 1 ..... 2 (F126)	..... 1 ..... 2 (F126)	..... 1 ..... 2 (F126)
F124. SPECIFY 1ST BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
F125. SPECIFY 2ND BIRTH DEFECT.	_____ _____	_____ _____	_____ _____	_____ _____
F126. Did (COUSIN) ever have cancer?  Yes ..... No.....	..... 1 ..... 2 (F129)	..... 1 ..... 2 (F129)	..... 1 ..... 2 (F129)	..... 1 ..... 2 (F129)
F127. What type of cancer? SHOW CARD J ON PAGE F18.	_____ _____	_____ _____	_____ _____	_____ _____
F128. What year was it diagnosed and how old was she/he?	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE
F129. Is (COUSIN) living?  Yes ..... No.....	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (NEXT CHILD) .....2	.....1 (F132) .....2
F130. What was the cause of death? SHOW CARD L ON PAGE F18.	_____ _____	_____ _____	_____ _____	_____ _____
F131. What was the year of death and how old was he/she?  GO TO NEXT CHILD OR F132	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE	_____ YEAR _____ AGE

	RELATIVE 1	RELATIVE 2
F132. Are there any other relatives on your side who have or had cancer?	YES ..... 1 NO ..... 2 (F136)	YES ..... 1 NO ..... 2 (F136)
F133. How are they related to you?	_____ _____ _____	_____ _____ _____
F134. What kind of cancer? SHOW CARD J ON PAGE F18.	_____ _____ _____	_____ _____ _____
F135. How old was this relative when it was diagnosed?	_____ AGE	_____ AGE

Record Details Below

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	RELATIVE 1	RELATIVE 2
F136. Are there any other relatives on your side who have or had a benign tumor? SHOW CARD K ON PAGE F18.	YES ..... 1 NO ..... 2 (END)	YES ..... 1 NO ..... 2 (END)
F137. How are they related?	_____ _____ _____	_____ _____ _____
F138. What kind of tumor? SHOW CARD K ON PAGE F18.	_____ _____ _____	_____ _____ _____
F139. How old was this relative when it was diagnosed?	_____ AGE	_____ AGE

Record Details Below

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**SHOW CARD J: TYPE OF CANCER**

- 1      Leukemia
- 2      Lung
- 3      Liver
- 4      Pancreas
- 5      Spleen
- 6      Breast
- 7      Ovaries
- 8      Prostate
- 9      Colon or digestive tract
- 10     Stomach
- 11     Skin
- 12     Brain
- 13     Other type of cancer, specify (do not code)
- 14     Not defined but widespread cancer of unknown type

**SHOW CARD K: TYPE OF BENIGN TUMOR**

- 1      colorectal adenomas
- 2      Ovarian fibroma
- 3      Cardiac fibroma
- 4      Jaw cysts
- 5      Meningioma
- 6      Other (specify)

**SHOW CARD L: CAUSE OF DEATH**

- 1      Cancer, specify type
- 2      Accident
- 3      Heart disease/attack
- 4      Stroke (clot of blood in brain)
- 5      Natural causes (old age)
- 6      Infection
- 7      Spina bifida-related complications
- 8      Renal failure
- 9      Other, specify